

FORM **MEPS-15**
(7-1-98)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Medical Expenditure Panel Survey
**HEALTH INSURANCE
COST STUDY**
Company Questionnaire

RETURN TO Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132-0001

If you have any questions concerning this survey, please call 1-888-206-8023.

Please correct errors in name, address, and ZIP Code.
ENTER number and street if not shown. ↗

Paperwork Reduction Act and Burden Estimates – We expect the questionnaire will take about twenty minutes, on average, per establishment, to complete. In addition, we estimate fifteen minutes to review the instructions in this package and locate the required information. You may send any comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing burden, to the following address: Director, Center for Cost and Financing Studies, Paperwork Reduction Project 0935-0105, Agency for Health Care Policy and Research, Executive Office Center, Suite 500, 2101 East Jefferson Street, Rockville, MD 20852-4908.

Company name

Secondary name

Number and street

City, State, and ZIP Code

A FEW IMPORTANT INSTRUCTIONS

Start here

- Please report for the company named in the label above, unless otherwise specified.
 - A COMPANY, for the purposes of this study, is a business with its own management and legal structure. A company represents the entire organization, including the headquarters and all divisions, subsidiaries, and branches within the organizational family.
- For reporting purposes, health insurance information is sometimes maintained at a subsidiary or division level. For such cases, we will provide report forms for up to three reporting levels. Refer to the MEPS-15(E), Establishment Worksheet enclosed in this package to determine the establishments for which your reporting unit can provide data. Please contact us at the phone number listed above if you need additional report forms.
- Please report data for 1997, unless otherwise specified.
- Estimates are acceptable.
- Please refer to the MEPS-20D, Definition Sheet included with this package for explanations of any unfamiliar terms. If you have further questions or need assistance in completing the questionnaire, please call the number shown in the box above.

Section A – GENERAL HEALTH COVERAGE CHARACTERISTICS

Reporting status

1a. Are you reporting for your entire company?

- 535 1 Yes – SKIP to Question 2b
2 No – Continue with Question 1b

b. If you are only reporting for a portion of your total company, please enter the approximate percentage of the total 1997 company employment for which you are reporting.

528 % Company employment

529 Briefly explain

Section B – CHARACTERISTICS FOR ACTIVE EMPLOYEES

Enrollment

Estimates are acceptable for all employment, eligibility, and enrollment figures.

1a. What is the total number of employees your company had at all locations for a typical pay period in 1997?

Include officers and owners.

Exclude leased, contract or agency workers.

034

All employees

b. How many of these employees were ELIGIBLE for health insurance coverage through your organization?

201

Eligible employees

c. How many of these eligible EMPLOYEES were ENROLLED in a health insurance plan you offered?

202

Enrolled employees

2a. For the same typical pay period in 1997, how many of the employees worked part-time?

203

Part-time employees

b. How many of these part-time employees were ELIGIBLE for health insurance coverage through your organization?

204

Eligible part-time employees

c. How many of these eligible part-time employees were ENROLLED in a health insurance plan you offered?

205

Enrolled part-time employees

3a. For the same typical pay period in 1997, how many employees were temporary or seasonal employees?

206

Temporary (seasonal) employees

b. How many of these temporary employees were ELIGIBLE for health insurance coverage through your organization?

207

Eligible temporary (seasonal) employees

c. How many of these eligible temporary employees were ENROLLED in a health insurance plan you offered?

208

Enrolled temporary (seasonal) employees

4. Of the active employees enrolled in a health insurance plan you offered in 1997, what percentage were enrolled in each of the following type of plans?

Exclusive providers – Enrollees must go to providers associated with the plan except in an emergency. There is typically no cost or a small fixed cost for each physician visit.

Any providers – Enrollees may go to physicians of their choice on a fee-for-service basis. The plan does not have any associated providers.

Mixture of preferred and any providers – Enrollees may go to a set of "preferred" providers associated with the plan or providers of their choice. If they go to a non-preferred provider, they face higher costs.

Active enrollment by type –

518

 %

Exclusive providers (Examples: Most HMO, IPA, and EPO type plans)

519

 %

Any providers (Examples: Most conventional or indemnity plans)

520

 %

Mixture of preferred and any providers (Examples: Most PPO and POS type plans)

Section B – CHARACTERISTICS FOR ACTIVE EMPLOYEES – Continued

Employee characteristics

Estimates are acceptable.

Provide information for a typical pay period in 1997.

5a. Approximately, what percentage of the total employees at your company were women?

016

 %

Women employees

b. Approximately, what percentage of the total employees at your company were 50 years old or older?

017

 %

Employees 50 years old or older

c. Approximately, what percentage of the total employees at your company were union members?

018

 %

Union members

d. Of the employees at your company in 1997, approximately what percentage earned –

Less than \$6.50 per hour?
Approximately \$13,000 a year or less

022

 %

Earned less than \$6.50 per hour

Between \$6.50 and \$15.00 per hour?
Approximately \$13,000 to \$30,000 a year

023

 %

Earned between \$6.50 and \$15.00 per hour

More than \$15.00 per hour?
Approximately \$30,000 or more a year

024

 %

Earned more than \$15.00 per hour

Section C – ENROLLMENT CHARACTERISTICS – Retiree Plans

Retiree plans	
<p>1. Were retirees eligible to receive hospital/physician coverage in 1997? <i>Do not include COBRA or other state continuation-of-benefits laws.</i></p>	<p>219 1 <input type="checkbox"/> Yes – <i>Continue with Question 2a</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No retirees } <i>SKIP to Page 6, Section D, Question 1a</i></p>
<p>2a. Were retirees under 65 years of age eligible to receive health insurance in 1997?</p>	<p>209 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>b. Were retirees 65 years of age and over eligible to receive health insurance in 1997?</p>	<p>210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>3. How many RETIREE-ONLY hospital/physician plan choices did you offer in 1997?</p>	<p>510 <input style="width: 50px; height: 20px;" type="text"/> Retiree-only plans OR 511 <input type="checkbox"/> None</p>
<p>4. Did you offer your retirees at least one portable plan? <i>A portable plan allows the retiree to obtain care in almost all localities within the country.</i></p>	<p>512 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>5a. For the plan that had the most retirees enrolled in 1997, what was the total monthly premium for one TYPICAL retiree with SINGLE coverage?</p>	<p>514 \$ <input style="width: 40px; height: 20px;" type="text"/> , <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Single coverage premium</p>
<p>b. For this same plan, how much did the EMPLOYER contribute towards the plan premium for this typical retiree with single coverage?</p>	<p>515 \$ <input style="width: 40px; height: 20px;" type="text"/> , <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Employer contribution</p>
<p>6. What was the total number of retirees covered by health insurance through your company at all of your locations in 1997?</p>	<p>513 <input style="width: 80px; height: 25px;" type="text"/> Retirees covered by insurance</p>
<p>7. Of this company's retirees enrolled in a hospital/physician plan in 1997, what percentage were enrolled in each type of plan you offered?</p> <p>Exclusive providers – Enrollees must go to providers associated with the plan except in an emergency. There is typically no cost or a small fixed cost for each physician visit.</p> <p>Any providers – Enrollees may go to physicians of their choice on a fee-for-service basis. The plan does not have any associated providers.</p> <p>Mixture of preferred and any providers – Enrollees may go to a set of "preferred" providers associated with the plan or providers of their choice. If they go to a non-preferred provider, they face higher costs.</p>	<p style="text-align: center;">Retiree enrollment by type –</p> <p>525 <input style="width: 60px; height: 25px;" type="text"/> % Exclusive providers (Examples: Most HMO, IPA, and EPO type plans)</p> <p>526 <input style="width: 60px; height: 25px;" type="text"/> % Any providers (Examples: Most conventional or indemnity plans)</p> <p>527 <input style="width: 60px; height: 25px;" type="text"/> % Mixture of preferred and any providers (Examples: Most PPO and POS type plans)</p>

Section E – BUSINESS CHARACTERISTICS

<p>1. How many establishments does your company operate nationally?</p>	<p>530 <input style="width: 100px; height: 20px;" type="text"/> Establishments</p>
<p>2a. Did you offer any of these fringe benefits to your employees in 1997? <i>See the MEPS-20D, Definition Sheet included with this package for explanation of benefits.</i> <i>Mark (X) all that apply.</i></p>	<p>050 <input type="checkbox"/> Paid vacation 051 <input type="checkbox"/> Paid sick leave 052 <input type="checkbox"/> Life insurance 053 <input type="checkbox"/> Disability insurance 054 <input type="checkbox"/> Retirement/pension plans 055 <input type="checkbox"/> Medical savings accounts (MSAs) 056 <input type="checkbox"/> Flexible spending accounts 057 <input type="checkbox"/> "Cafeteria style" benefits plan</p>
<p>b. If you offered a "cafeteria style" benefits plan in 1997, what was the average annual value of the plan PER EMPLOYEE?</p>	<p>058 <input style="width: 100px; height: 20px;" type="text"/> Cafeteria plan value</p>
<p>3. How many years has your company been in business?</p>	<p>064 <input style="width: 100px; height: 20px;" type="text"/> Years in business</p>
<p>4a. For 1997, did you impose a waiting period before new employees could be covered by health insurance?</p>	<p>197 1 <input type="checkbox"/> Yes – <i>Continue with Question 4b</i> 2 <input type="checkbox"/> No – <i>SKIP to Question 5</i></p>
<p>b. For 1997, what was the typical waiting period?</p>	<p>198 1 <input type="checkbox"/> Less than 2 weeks 2 <input type="checkbox"/> 2 weeks to less than one month 3 <input type="checkbox"/> 1–3 months 4 <input type="checkbox"/> More than 3 months</p>
<p>5. Which one of these categories BEST describes your type of business ownership? <i>Mark (X) only one.</i></p>	<p>062 1 <input type="checkbox"/> S corporation 2 <input type="checkbox"/> Corporation 3 <input type="checkbox"/> Partnership 4 <input type="checkbox"/> Sole proprietorship 5 <input type="checkbox"/> Government (Federal, state, or local) 6 <input type="checkbox"/> Joint venture or cooperative</p>
<p>6. Which one of these categories BEST describes the principal business activity of your company (named on page 1 in the label)? <i>If more than one apply, mark the category which generates the most revenue.</i> <i>Mark (X) only one.</i></p>	<p>060 1 <input type="checkbox"/> Retail trade 2 <input type="checkbox"/> Personal services (e.g., beauty shops, dry cleaners) 3 <input type="checkbox"/> Business services (e.g., advertising, computer processing) 4 <input type="checkbox"/> Other services (e.g., legal and health services) 5 <input type="checkbox"/> Manufacturing 6 <input type="checkbox"/> Wholesale trade 7 <input type="checkbox"/> Finance, insurance, or real estate 8 <input type="checkbox"/> Transportation, communication, electric, gas, or sanitary services 9 <input type="checkbox"/> Construction 10 <input type="checkbox"/> Agriculture or forestry 11 <input type="checkbox"/> Mining 12 <input type="checkbox"/> Public administration</p>

***** PLEASE NOTE *****

MEPS-15(S) form requests information on up to three individual plans you offer employees (a representative exclusive-provider plan; a conventional-type plan; and/or a mixed PPO or POS type plan.)

Section F – PERSON COMPLETING THIS QUESTIONNAIRE

²¹² Name <i>(Please print)</i>				²¹³ Title					
Signature						²¹⁴ Date <i>(Month/Day/Year)</i>			
						M	M	D	D
²¹⁵ Telephone number ()		²²⁰ Extension		²¹⁶ FAX number ()		²¹⁷ E-Mail address			